Saskatchewan
Alcohol and
Drug Abuse
Commission

Finding Solutions

Facing the Problems of Adolescent Chemical Dependency

March 19-21, 1987
Conference Proceedings

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Chairman's Message

On behalf of the SADAC Board and staff, I invite you to read the proceedings of the **Finding Solutions** conference. SADAC is pleased that representatives from across Saskatchewan and Canada came together to discuss issues of adolescent chemical dependency.

The conference represented our commitment to reducing problems of alcohol and drug abuse among our youth. By working together, by sharing ideas and information from across North America, we will indeed be "finding solutions".

We trust these proceedings will rekindle your helping spirit.

Saul Cohen, M.D.
Chairman, SADAC Board

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SADAC

SADAC is responsible for alcohol and drug abuse treatment, prevention and research in Saskatchewan. Addictions programs throughout the province are co-ordinated by SADAC to ensure a comprehensive system of care.

SADAC originated with the Bureau on Alcoholism which was established in 1953. In 1968 the name was changed to the Alcoholism Commission. In 1985 the Government of Saskatchewan established SADAC — the Saskatchewan Alcohol and Drug Abuse Commission.

Each year, over 10,000 clients receive counselling or treatment for chemical dependencies through facilities operated by SADAC or its funded agencies. One in four clients is now under the age of twenty-five. Of increasing concern, therefore, is how SADAC can best serve an increasingly younger clientele. The **Finding Solutions** conference which looked at assessment, referral, treatment and aftercare issues was intended to assist in the development and implementation of appropriate programs.

In all of its activities, SADAC works closely with its extensive network of agencies and with concerned individuals and groups in all parts of the province. This co-operative approach to the problem of alcohol and drug abuse has become a tradition of which SADAC is proud, a tradition which will help SADAC serve the people of Saskatchewan and meet the challenges of tomorrow.

Finding Solutions

Alcohol and drug abuse is a serious health and social problem. It wreaks havoc with individuals, families, schools and communities. Traffic fatalities and suicide are the leading causes of death among today's teenagers — both are strongly related to alcohol and drug abuse. One adolescent in five experiences problems relating to alcohol and drug abuse. One in fifty adolescents is a daily user and requires serious intervention (Saskatchewan Minister of Health Advisory Committee Report: **Alcohol, Drugs and Youth,** 1986).

There is increasing public concern that something should be done, increasing evidence that something can be done and increasing recognition that something is being done.

These factors were all recognized at the **Finding Solutions** conference held March 19-21, 1987 at the University of Regina. Sponsored by SADAC, the conference focused on issues relating to adolescent chemical dependency.

The emphasis in the four plenary sessions was on assessment, treatment and aftercare of drug and alcohol dependent youth.

Speakers and workshop leaders included highly qualified people in the field from across North America. Over 300 conference participants came from every region of Saskatchewan, the other provinces of Canada and the United States. They represented many different professions: psychologists, psychiatrists, social workers, medical professionals, educators and addictions workers. As well, parents and young people were represented. Health and Welfare Canada helped make such extensive participation possible by assisting with the travel expenses of delegates from other provinces.

This booklet describes the highlights of the **Finding Solutions** conference. It includes abbreviated versions of the four plenary sessions, a list of the workshops and a summary of the conference closing synthesis. This booklet attempts to convey the personal style of each speaker in order to add authenticity and to recreate the ambience of the conference.

Videotapes of the four plenary sessions and the closing synthesis are available. Individuals wishing to obtain tapes of one or more sessions should contact SADAC's audiovisual co-ordinator at 787-4095 for further information.

Opening Plenary Session

Thursday, March 19, 7:30 p.m.

Honourable George McLeod
Government Initiatives

All of us are aware of increasing public concern about drug and alcohol abuse, especially among young people. The consequences of such abuse are illustrated by the number of teenagers convicted of impaired driving and drug-related offenses and by the hundreds of teenagers who receive treatment each year.

In September 1986, Premier Grant Devine led the attack on drug and alcohol abuse among the youth of our province with the announcement of a number of important initiatives. Most significant among these initiatives are:

- The establishment of Canada's first in-patient treatment centre especially for youth at Whitespruce, near Yorkton.
- The enhancement of our extensive network of community-based treatment centres. There are now treatment centres in all corners of the province including the north. A number of innovative programs for youth will be delivered by these centres.
- The provision of further assistance to the Saskatchewan Native Alcohol Council Corporation so that it can increase its youth counselling services and support the existing network of services provided by Native people for Native people.
- An increased emphasis on educational programs. A wide variety of programs for public education, professional training and school use are being developed.

All of these initiatives build on Saskatchewan's tradition of involvement and cooperative action to deal with the problems that confront our society.

The initiatives that I have outlined today to combat drug and alcohol abuse among youth in Saskatchewan only scratch the surface of our achievements during the past six months. This conference will certainly be another important step toward finding solutions to this problem which concerns us all.

My best wishes for a very productive conference.

Janice Dockham
"Hooked" ... The Journalist's View

Hooked was a magazine supplement to the November 22, 1986 edition of **The Regina Leader Post.** Its purpose was to raise public awareness of the substance abuse problem within our own community.

The initiative for this special project came from Jim Struthers, **The Leader Post's** executive vice-president. In his words, *"Extraordinary community problems demand extraordinary responses by newspapers".*

Early in the development of **Hooked,** the reporters assigned to the project realized that their biggest challenge was to help people understand the magnitude of the problem, to illustrate that drug and alcohol abuse is everyone's problem. Accordingly, they selected stories which illustrated how the lives of ordinary people have been shattered by addiction.

The staff at SADAC became the go-between for the project. They put reporters in touch with people whose lives revolve around substance abuse: the abusers, their families and the team of professionals who try to help them. School principals, students, medical specialists and police were some other sources of information.

On November 22, 1986, 81,000 copies of **Hooked** were distributed to **Leader Post** subscribers in southern Saskatchewan. Another 2,000 copies went to schools around the province. School copies were accompanied by a teacher guide developed by the Newspaper in Education department at **The Leader Post.**

The response to both **Hooked** and the teacher guide has been tremendous. The provincial Department of Education will include **Hooked** on its list of reference materials for the new Division III Health curriculum. Since publication, almost 10,000 additional copies of **Hooked** have been sent out in response to requests from schools, other newspapers and the general public. This response shows that **Hooked** has touched some lives and helped people realize that substance abuse is everyone's problem. This recognition is the first step toward healing.

Howard Greenstein
The Saskatchewan Perspective

In my presentation today I will first discuss key aspects of the Saskatchewan situation and then raise national and international issues in adolescent treatment.

The Report of the Minister's Advisory Committee on Alcohol, Drugs and Youth, 1986 confirmed the need to recognize the extent of alcohol and drug problems among youth and to respond with enhanced programs. The Premier's initiatives described earlier by the Honourable George McLeod were in response to the findings of this report. All of these new initiatives were designed to build upon services already in place and were developed with public and professional consultation. Individual programs were designed in cooperation with agencies working in related fields. The cooperative nature of this endeavour allowed the development of high quality programs in a relatively short time period.

The needs of individual adolescents vary. Some require accurate information to make positive choices. Some require problem-solving and decision-making skills in order to use this information in a constructive way. Some require lifestyle, life skill, vocational, educational or drug and alcohol counselling and some need in-patient treatment. The importance of thorough assessment and referral to the appropriate level of service to meet these various needs will be examined throughout this conference.

In designing programs to meet the needs of our youth it is useful to look at activities in the United States and elsewhere. What implications does the American approach to addictions have for Canada and for Saskatchewan?

From a program point of view, many American programs in the mainstream of chemical dependency can serve as models for us. From a broader perspective, some American programs will be quite limited in their application because of the cultural and economic context from which they spring.

In the United States the trend has been toward in-patient treatment. This is due, in part, to the fact that American medicine operates on a fee-for-service basis and that in-patient care offers more economic benefits to health care corporations than does out-patient. The vast majority of Canadian treatment centres are funded by provincial governments. Thus cost recovery, marketing and advertising have never been crucial to their operation.

While American facilities are most often free-standing and independent, Canadian treatment facilities are usually only one component of a comprehensive provincial mandate of prevention, education and treatment services which are enshrined in provincial legislation. For example, SADAC has a government-appointed board and its activities are defined in provincial legislation.

In Saskatchewan we want to develop the best youth treatment programs available, using the best knowledge and experience from international programs. We want to

tailor and enhance these programs to fit the unique Saskatchewan social, cultural and economic context.

There are considerable differences of opinion about what constitutes the best youth treatment possible. These differences centre around length of treatment, whether other family members should be co-clients or co-counsellors, whether the young abuser should be forced into treatment, how restrictive programs should be and whether the holistic or the specific drug and alcohol approach should be used.

All of these issues will be raised and discussed during this conference. The information sharing that will take place over the next two days cannot help but advance our collective knowledge about assessment, treatment and aftercare for youth. Certainly, it will benefit Saskatchewan's emerging system of youth care and will move us all a bit closer to the development of comprehensive youth treatment services across Canada.

Dr. Ken Winter
Youth Assessment

Plenary Session
Friday, March 20, 9:10 a.m.

The work that I am going to describe today stems from the Chemical Dependency Adolescent Assessment Project currently underway in St. Paul, Minnesota. This project began when a small group of Minnesota chemical dependency facilities joined together to improve service delivery by developing improved youth assessment tools. The project was funded by the North West Area Foundation.

Strains on Adolescent Assessment

As research progressed, six strains on adolescent assessment were noted. They include:

1) Today adolescents with addiction problems are being detected at an earlier age than ever before. This means that assessments are being done on people whose problems have not stabilized. It also means that we do not know what the norms are, thus future behaviour is difficult to predict.

2) Other problems often accompany chemical dependency problems. It is difficult to know if these problems co-exist independently or if one causes another. Assessment has to be specific enough so that the adolescent's problems can be identified and matched to the treatment setting.

3) There is a concern about accountability. The health care industry wants to ensure that people who are treated and reimbursed for their treatment, in fact, needed treatment. Thus assessors have to ensure that their referrals are valid.

4) The media is currently featuring examples of abuse in the chemical dependency field. Parents and children may sometimes give different and conflicting reports to an assessor. An outsider may find it difficult to understand why a particular person is being treated and the media may interpret the situation as an abuse.

5) Little research has been done on the chemical phenomena associated with adolescent chemical dependency. Models that help us understand the development of chemical dependency in kids have not yet been tested.

6) We do not yet have good assessment tools for use with adolescents that are comprehensive, multi-dimensional and clinically oriented.

Goals of the Project

Identification of these strains relating to adolescent assessment helped us define the goals of the project. These goals are to:

- describe the problem severity — the depth to which a particular individual is involved with chemicals,
- describe the problems that accompany chemical dependency in kids, for example, mental disorders and psycho-social risk factors,
- develop profiles of certain subtypes of chemically dependent kids and see if we can match kids to types of treatment.

The main assessment tool that we developed was a 300 item paper and pencil inventory which addresses three content areas: chemical problem severity, psycho-social risk factors and validity (is the adolescent answering the test honestly?). We have also developed a structured diagnostic interview.

Chemical Use Severity Measures

I would like to focus on the chemical use severity measures included in the inventory for the remainder of this presentation. We found that there were five different dimensions which could be measured when assessing the extent to which an individual is involved with chemicals. These are:

- personal involvement with chemicals — how much of an individual's life is wrapped around chemical use,
- effects of use — negative psychological or physiological effects,
- social benefits — use of chemicals to enhance one's self-esteem or social competence,
- personal consequences — the kinds of problems that arise in an individual's life because of chemical use, for example, difficulties with friends, family, school or the law,
- poly-drug use — the number and types of different chemicals used.

Personal Involvement Scale

We developed scales which will help us assess each of these dimensions. The personal involvement scale is a good example. Using a sophisticated statistical model we selected items that were highly inter-related or correlated to the primary problem severity factor. The items chosen could be ordered in terms of their

popularity, that is, sequenced from those endorsed most often to those endorsed least often.

The items chosen most often had to do with social and recreational use of chemicals. As you move down the scale you come to items which address the use of chemicals to alter one's emotional states or moods. Next we have items in which people change their behaviour or alter their lifestyle to accommodate their use of drugs. Then come items which refer to lying or to conning other people in order to cover that accommodation. The last item on the personal involvement with drugs scale — the item least frequently endorsed — has to do with physiological withdrawal.

This model shows a progression into drug use which begins with social use and ends with physical dependency. Generally, it is similar to adult models but has less emphasis on physical dependency. This model reflects the fact that most kids have only been involved with drugs for a few years and physical dependency has not yet developed. Adults may have a longer history of drug use, and thus physical dependency is more likely to develop.

The model demonstrates that effective assessments of chemically dependent youth must consider chronological, psychological and sociological factors. Assessments which recognize the complexity of the problem provide a solid foundation for appropriate treatment and aftercare.

Honourable Jake Epp

Guest Speaker
Friday, March 20, 12:00 noon

The focus of this conference, *Problems of Adolescent Chemical Dependency,* recognizes that improved and expanded treatment initiatives are integral to repairing the health and social stability of drug abuse victims. Drug abuse is an insidious problem, one that puts young people at particular risk. Therefore, I would like to explore with you:

- the dimensions of the drug abuse problem,
- the proposed National Drug Strategy,
- the linkage between health promotion and drug abuse prevention.

The Drug Problem

Alcohol is Canada's number one drug problem. Tobacco and cannabis are the other two most popular drugs among youth. In today's world alcohol, tobacco and other drugs are readily available to young people in any number of social situations. This means that all young people will be forced to make decisions about whether or not to use drugs. The trend toward experimentation with drugs at a younger age means that many children don't have the information and skills they need to wisely assess the situation.

Peer pressure and the tolerance of contemporary society toward drug abuse are other factors contributing to the problem.

A National Drug Strategy

A National Drug Strategy is currently in the planning stages. The Canadian way of tackling problems like drug abuse involves a partnership of federal and provincial governments. Accordingly, the federal government is determined to work with the provinces in building this National Drug Strategy.

Canadians tend to be realists, taking a balanced approach to social issues, therefore we see a need to address this issue on more than one front. Public education, treatment and enforcement are all important in achieving a balance.

We believe that initiatives in the drug field must reflect the importance that Canadians attach to their families and their communities. The federal government can play a useful role by supporting, facilitating and enhancing current efforts in partnership with the provinces and with community based agencies.

In co-operation with those of you who are working in the field, we have identified six areas which are essential to reducing the harm caused by drug abuse. These are:

- education prevention strategies,
- strengthened control and enforcement,
- treatment targeted at particular groups,
- international action,
- an improved information and knowledge base,
- the need for a national focus.

The federal initiatives, to be announced soon, will take aim at these issues.

Health Promotion

The linkages between prevention of drug abuse and health promotion are central to dealing with this problem. Health promotion is the process of enabling people to improve their quality of life by taking increased control over their own health. A health promotion approach must endeavour to do three things:

1) To strengthen self-care practices, that is, the care that young people provide for themselves when they make healthy choices about drugs.
2) To encourage people to help each other. Friends, family and neighbors are the people who can provide the ongoing support and direction that young people require.
3) To create environments that enhance health by improving living and learning conditions and eliminating social factors that may lead to drug abuse.

A health promotion approach to the problem of drug abuse means that dedicated parents and professionals must continue to work together to create a climate supportive of non-drug use. It requires a broad-based focus on the community — where the problems of drug abuse impact on the family and on the quality of life. It requires a commitment from all of us. We all share a fundamental responsibility to help Canadians reject the use of drugs and other substances as a solution to modern day difficulties.

I believe that together we can achieve a long-term comprehensive strategy that offers new promise in the effort to reduce drug abuse — a promise that will be fulfilled through collaboration, public participation and pragmatism.

David Zarek
The Importance of Aftercare

Plenary Session
Friday, March 20, 2:00 p.m.

I often hear people say that kids have changed. They aren't like they used to be. But kids haven't changed; it's the world around us that has changed. On their journey to adulthood, today's adolescents still experience the same emotions and feelings that each one of us did as young people — the loneliness, the scariness, the energies, the need to plan for the future.

Sometimes it's difficult to remember what it was like to be an adolescent. When we make the transition from adolescence to adulthood, we leave our adolescent thinking behind. We reinterpret and reframe our adolescent experiences in adult terms. One of the best resources you have in dealing with kids is to recall your own adolescence. The more that you can reach the adolescent within you, the more that you can understand what is happening with kids, and the more that you will be able to connect with them.

Adolescent Development

Remembering your own adolescent experiences will help you when you are helping kids because adolescent chemical dependency is wrapped up in the developmental process. Adolescent treatment has a component of rehabilitation, but it also has a component of habilitation. Many chemically dependent youngsters do not have a solid foundation to which they can be rehabilitated, so part of our job is helping them find that solid foundation and become whole people.

Relapse prevention is equated almost totally with enhancing adolescent development. The more you ease kids' transition through the tasks of adolescence the more you are going to help them prevent a relapse. In making the transition from child to adult, all youngsters must work through these developmental tasks of adolescence. They include:

- incorporating and accepting the physical, mental and intellectual changes that are part of adolescence,
- developing new peer relations that are based on adult interactions and adult role models,
- planning for future,
- engaging in healthy and age-appropriate leisure-time activities,
- emancipating emotionally, psychologically and financially from the family,

- developing and consolidating a complete and separate identity, independent of parents, brothers, sisters or anyone else.

The role that chemicals can play in these developmental tasks is very powerful. Chemicals can alter and disrupt the normal developmental process as well as being a problem in and of themselves.

Aftercare

Aftercare is an important part of adolescent treatment. It is nothing more than continuing therapy. If kids are to succeed in their struggle with chemical dependency you have to infuse them with success and support them every step of the way. When defining success with adolescents it is important to look at all the problems the youngster is dealing with. This means looking at sobriety and abstinence, but it also means looking at the objective and subjective quality of life. Functioning at home and at school are vital when determining the success or failure of a program. Aftercare with adolescents means supporting rehabilitative efforts around chemical use and abstinence, but it also means supporting the habilitative effort of becoming a whole person.

Because aftercare for youth involves the whole person, it is not limited to the treatment centre. It involves the whole community. The treatment team includes school counsellors, mental health clinics, police, church groups and other community agencies. Schools are a particularly vital part of this network because so many kids spend so much time there.

Key Questions

When you are developing services for adolescents there are two key questions you should be asking:

- How are adolescent developmental issues factored into all aspects of the program? How do you address the relationship between the normal developmental tasks of adolescence and chemical use?
- How do you use aftercare to help adolescents make the transition from a structured treatment program to daily life? How do you help them learn to rely on their own resources, to build a chemical-free future?

Nancy Rosendahl
Adolescents' Program Needs

Plenary Session
Saturday, March 21, 8:45 a.m.

Assessment and treatment of chemical dependency problems among adolescents began in Minnesota in the late 1960's when experimentation with L.S.D., speed and other novel drugs was at its height. This was a completely new situation and existing models of treatment had limited usefulness.

The '60's and '70's were times of innovation, of developing and applying new programs and new therapies to this new problem. By the early 1980's the problem was no longer new. Assessment had become sophisticated. A large body of knowledge about chemical dependency had grown up and counsellors had refined their skills over the years.

Principles of Treatment

Two basic principles of treatment have emerged from the innovation and experimentation of the previous decades.

The first principle of treatment is that recovery of chemically dependent youth should involve the whole community. No single agency is responsible for treatment and aftercare. Parents, schools and a variety of professional and community agencies all have a role to play and must work together in the treatment process.

The second principle of treatment is that a range of services should be utilized to deliver treatment to adolescents. No single type of treatment is suitable for all kids. A range of services allows counsellors to select the best program for the needs of a particular young person.

Philosophy of Treatment

As well as providing principles of treatment, the activities of the '60's and '70's led to the development of a philosophy upon which treatment should be based. This philosophy suggests strongly that an adolescent's chemical dependency should be treated in and of itself. Children need to learn how to function in society without using drugs. They need to go through all of the physical and psychological developmental stages without the influence of drugs in their systems.

This philosophy of treatment also suggests that treatment should deal with other problems which may co-exist with the chemical dependency. Adolescents need to

learn how to live with families, how to communicate, how to have fun again. They need to learn to be kids again. At the *New Connections* program we had three goals that made getting well simple for kids.

- I will learn to care about myself.
- I will learn to care about other people.
- I will learn to let others care about me.

When kids have accomplished these goals they are well on their way to a satisfying, healthy life.

Conference Workshops

Adolescent Program Needs

Nancy Rosendahl, Executive Director
Omegon Treatment Program
Minneapolis, Minnesota

Ms. Rosendahl addressed some of the issues program developers and counsellors face in developing in-patient and out-patient treatment services. The critical differences between adult and youth models were reviewed, with special emphasis on family problems, physical and sexual abuse, sexual identity and eating disorders.

Adolescent Treatment

David Zarek, Head
Atlantic Office
Johnson Institute, Washington, D.C.

March 20 — The role of adolescent developmental issues in treatment was addressed. Family programming, behaviour management at in-patient and out-patient facilities and normal stages of recovery were also discussed.

March 21 — Mr. Zarek focused on the importance of aftercare. Issues raised during his plenary address included the need for continuing care and the role of the family, school and community.

Assessment and Referral

Dr. Ken Winters, Director
Chemical Dependency
Adolescent Assessment Project
St. Paul, Minnesota

The purpose of this workshop was to enhance the participants' knowledge of the value of objective assessment. A summary was presented of the development and potential uses of a new adolescent chemical dependency assessment battery.

Drugs, Alcohol and Suicide

Dr. Brian Tanney
Associate Professor of Medicine (Psychiatry)
University of Calgary

Trends in suicides and suicidal behaviours among Canada's youth were reviewed. Dr. Tanney discussed the complexities of finding any single cause or solution for suicide, since a person in distress may try suicide in response to many different problems.

Family Therapy

Paul Doerksen, Family Therapist
MacNeill Clinic, Saskatoon

Mr. Doerksen contends *"that while families do not cause their youth's drug problems, families are always key players in the helping process."* He expanded on this theme by discussing: normal family dynamics, peer pressure and the family, and families in the helping process.

Film Workshop

Viewing of recent films on interventions.

March 20 — **Choices and Consequences: Intervention with Youth in Trouble with Alcohol/Drugs**

March 21 — **Bridging the Gap** and **A Better Time, A Better Place**

Holistic Approach

Dr. James Turanski, Director
Regina Child & Youth Services
Saskatchewan Mental Health

In his discussion of the comprehensive approach to the treatment of youth with drug and alcohol abuse problems, Dr. Turanski emphasized the need for a range of treatment services. He also emphasized the need to provide a range of activities which respond to the developmental needs of adolescents of different ages in order to facilitate normal growth and development.

Medical Aspects

Dr. Dmytro Cipywnyk
Medical Director
SADAC

Dr. Cipywnyk provided an overview of critical medical issues related to alcoholism and drug abuse. Special attention was paid to the pharmacology of specific drugs and the effects of drug interaction on the human body.

Parent and Peer Support

Experienced panel of peer, school,
parent and community representatives.

Representatives from seven support groups each gave a brief overview of their services in helping youth and families with chemical dependency problems.

Research Update

Elsbeth Tupker, Youth Clinic Director
Addictions Research Foundation
Toronto

Bob Markosky, Director
Evaluation & Research, SADAC

Ms. Tupker reviewed the comprehensive assessment and treatment services for youth and families developed at the Clinical Institute. This continuum of care includes in-patient, family treatment, day-care and out-patient services.

Mr. Markosky discussed findings from SADAC's recent survey of youth alcohol and drug use patterns and attitudes.

Ron McHugh

Conference Synthesis
Saturday, March 21, 11:30 a.m.

The theme of this conference was **Finding Solutions.** Not only did we find some solutions but we reconfirmed and revalidated a lot of our beliefs about the mainstream of chemical dependency treatment — about what we know — about what we can do — about the challenge that faces us and about how we can meet that challenge.

The three major themes of this conference were assessment, treatment and aftercare. I would like to touch on each of these themes.

Relapses are going to occur during recovery. One step is not a fall from a cliff, rather it can be a learning experience for both the addictions worker and the client.

In the field of treatment we are developing a very effective continuum of care which will treat the whole person. Addictions workers cooperating with schools, mental health services and hospitals can coordinate and deliver high quality effective services.

Aftercare is also something that happens in the community. We have to improve the link between in-patient services and ongoing community resources. We have to place more emphasis on delivering prevention and education programs along with treatment so that we have a comprehensive approach to adolescent care.

Although the battle against adolescent drug abuse is a new problem it will be won or lost in two very old-fashioned places — the family and the school. Parents make the difference and the dedication shown by many teachers is truly impressive.

If parents, teachers, professional groups and self-help groups work together we can find solutions to the problems posed by adolescent chemical dependency. At this conference we have found some solutions. Now we must take what we have learned here and work together in order to implement these solutions.

Biographies of Feature Presenters

Honourable George McLeod

George McLeod was born and raised in Meadow Lake. As a youth he was an avid sportsman. He joined the Regina Rams Football Club and was a member of their first national championship in 1966. He is a graduate of the University of Saskatchewan and holds a Bachelor of Education degree.

Mr. McLeod was first elected as MLA for the Meadow Lake constituency in 1978. In 1982 he was re-elected and appointed Minister of Northern Saskatchewan and Minister of Tourism and Renewable Resources. He also held the portfolio of Minister of Supply and Services. In 1986 he was appointed Minister of Health and Minister responsible for SADAC.

Janice Dockham

Janice Dockham was born and raised in Moose Jaw. She studied education at the University of Saskatchewan and the University of Regina and holds a Class A Teaching Certificate. She began her newspaper career when she was 16, reporting on high school events for **The Moose Jaw Times-Herald.** She has been with **The Regina Leader Post** since 1977 in a variety of positions and has been assistant city editor for four years.

Howard Greenstein

At the time of the conference Howard Greenstein served as SADAC Executive Director. Mr. Greenstein has worked in the chemical dependency field for over 15 years in Ontario, British Columbia and Saskatchewan. His experience spans counselling, research, planning and administration. He is particularly interested in the design and implementation of innovative treatment programs and in organizational and personnel development. Mr. Greenstein holds an M.A. in clinical psychology from the University of British Columbia and an M.B.A. from Simon Fraser University.

Dr. Ken Winters

Dr. Winters has been Director of the Chemical Dependency Adolescent Assessment Project in St. Paul, Minnesota since 1984. Dr. Winters received his Ph.D. in clinical psychology from the State University of New York at Stony Brook. His research interests include the study of children at risk for psychopathology, the improvement of objective assessment of adolescent drug and alcohol problems, and the study of how client characteristics can be matched to the most effective treatment strategy.

Honourable Jake Epp

Jake Epp graduated from the University of Manitoba in 1961 and taught high school for 11 years in Steinbach, Manitoba where he was a town councillor from 1970-72. He was elected to the House of Commons in 1972 and served as Minister of Indian Affairs and Northern Development in 1979-80. In 1984 he was appointed Minister of Health and Welfare and Chairman of the Cabinet committee on social development.

David Zarek

Mr. Zarek is director of the Washington D.C. office of the Johnson Institute, an organization known internationally for expertise in addictions training and consultation. Active in the chemical dependency field since 1976, Mr. Zarek's major areas of expertise include adolescent assessment and treatment, family counselling, program design and implementation, and counsellor training.

Nancy Rosendahl

Ms. Rosendahl is Executive Director of Omegon Inc., an adolescent in-patient chemical dependency treatment centre in Minneapolis, Minnesota. She is responsible for developing and implementing the program at Omegon and for providing consultation services and presentations to other professionals nationwide. Ms. Rosendahl is certified through the University of Minnesota in chemical dependency counselling and family therapy.

Ron McHugh

Ron McHugh holds a Bachelor of Arts degree in sociology from the University of New Brunswick and a Master of Arts degree in social work from the University of Calgary. At the time of the **Finding Solutions** conference he was Youth Services co-ordinator for SADAC. He has been active in the chemical dependency field since 1973 and has worked in Ontario, Nova Scotia, New Brunswick and Saskatchewan.

Who Attended

The summary below provides a profile of the participants in the **Finding Solutions** conference.

SADAC board and staff	43
SADAC funded agencies	48
Resource people	19
Out-of-province delegates	9
Youth	19
Educators	59
Other professions/agencies	108
Private individuals	24
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This summary of the **Finding Solutions** conference was prepared for SADAC by Loraine Thompson Information Services Limited from conference records and videotapes of the conference itself.

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SADAC

We're facing the problems to find the solutions.